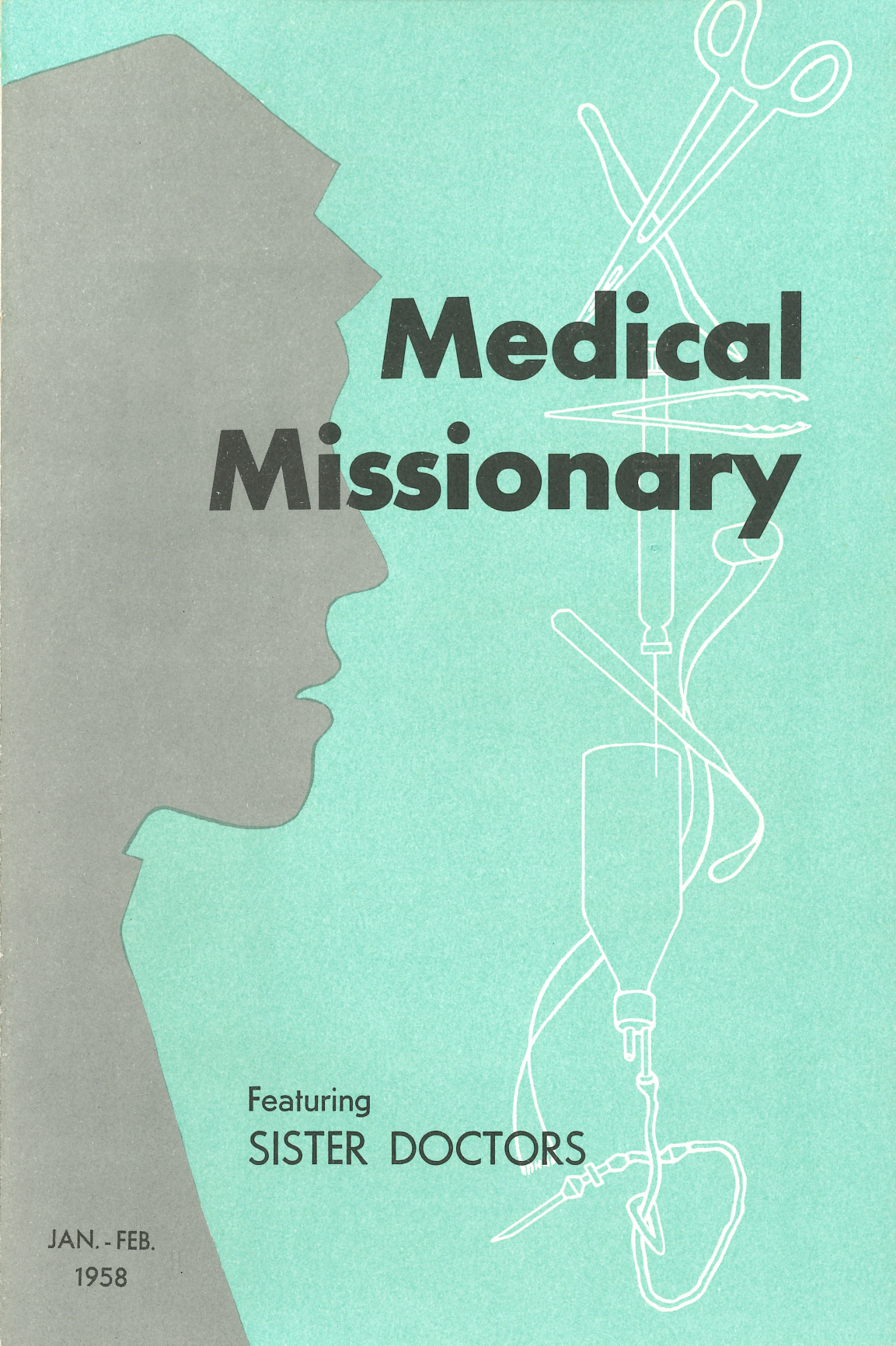

Medical Missionary

Featuring
SISTER DOCTORS

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the medical missionary

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The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Phila. 11, Pa.

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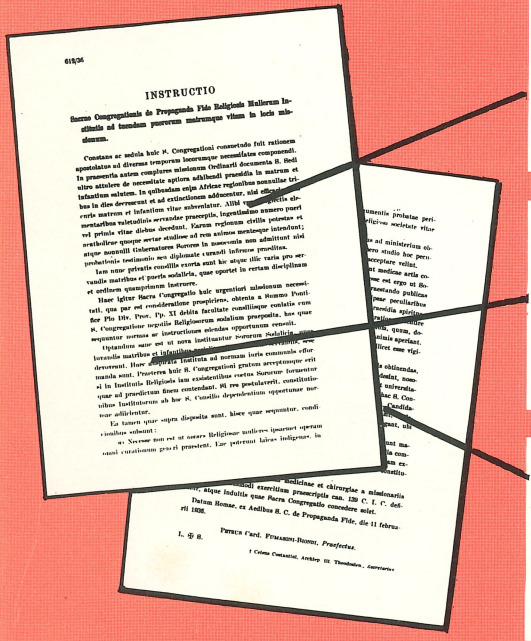
JUBILEE YEAR AT *Lourdes*

"ON the first centenary of the apparition of the Immaculate Virgin Mary at the Grotto of Lourdes and inspired by our most intense piety towards her, we desire that all Catholics throughout the world celebrate this event in a worthy manner. We hold that the most fruitful manner of celebrating this event is that through which all will strive to keep the examples of virtue of the great Mother of God in mind and to imitate them as much as possible . . ."

—POPE PIUS XII

Thus begins the official declaration from Our Holy Father, Pius XII announcing the celebration of the centennial or Jubilee Year at Lourdes. It begins on February 11th, 1958—the 100th anniversary of the first apparition at Lourdes of Our Lady to a poor shepherdess girl, Bernadette Soubirous, canonized in 1933.

One hundred years ago, Lourdes was an unknown, obscure village at the foot of the Pyrenees mountains. Today, over a million pilgrims visit this hallowed place to pour out



INSTRUCTIO

Sacra Congregatio de Propaganda Fide Religiosis Mulierum Institutis ad tutiorem procurum meliusque vitam in locis missionum.

In some regions of Africa, tribes are decreasing day by day, and they are destined to disappear if provision is not made for a better assistance for mothers and infants.

This Sacred Congregation would like to see new religious institutes for women founded who will dedicate themselves principally to health work.

These new duties demand a proper spiritual and technical preparation. The Sisters should obtain certificates as doctors or nurses.

their troubles, of soul and body, to their ever compassionate Mother—healer of the sick and suffering. One hundred years ago Our Lady appeared at Lourdes, but she is with us still. Each year at Lourdes sees new miracles—the blind see, the lame walk—all in an instant. More numerous however are the miracles of grace and consolation that cannot be seen. Indeed, Our Lady of Lourdes' message of "penance, penance, penance" is a timely one—"a cry of alarm to the world of today that would gain the universe at the price of its soul," said the Holy Father in his letter hailing the celebration of the apparitions.

February 11th, the feast of Our Lady of Lourdes, will always be a memorable day for the Medical Mission Sisters, and all mission Sisters engaged in work for the sick, especially in the care of mothers and infants. On this day in 1936, as if Our Holy Mother of Lourdes wished to extend her compassion to all mankind, a special instruction was issued from Rome, by the Sacred Congregation of Propaganda

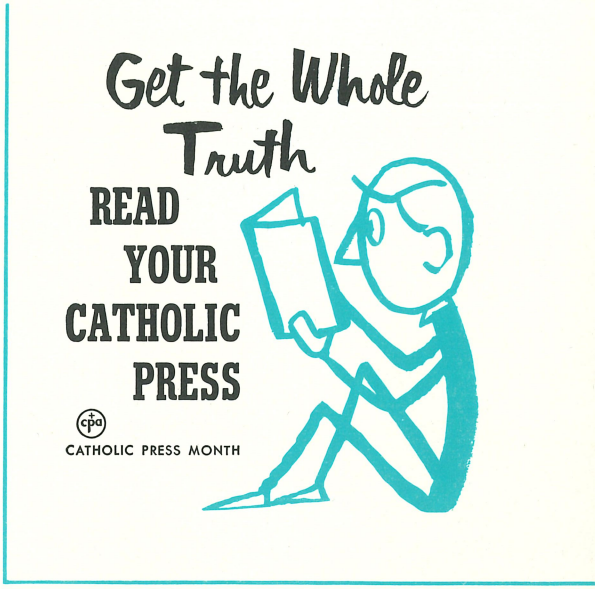
"Berekum Babies don't die anymore," is the saying abroad in Ghana, since Medical Mission Sisters came. Sr. M. Marianne (Detroit, Mich.) holding one of twins.

Fide in the name of the Holy Father, allowing mission Sisters to study and practice obstetrics and medicine, in their full scope in order to safeguard the lives of mothers and children. Since the 12th century this permission had been forbidden to clerics and religious of both sexes, and yet the Church looked to its religious Sisters to come to the assistance of the poor and sick. The Instruction not only confirmed the pioneer efforts of the Society of Catholic Medical Missionaries begun by Mother Anna Dengel in 1925, but urged that new communities be founded for health work in the missions.

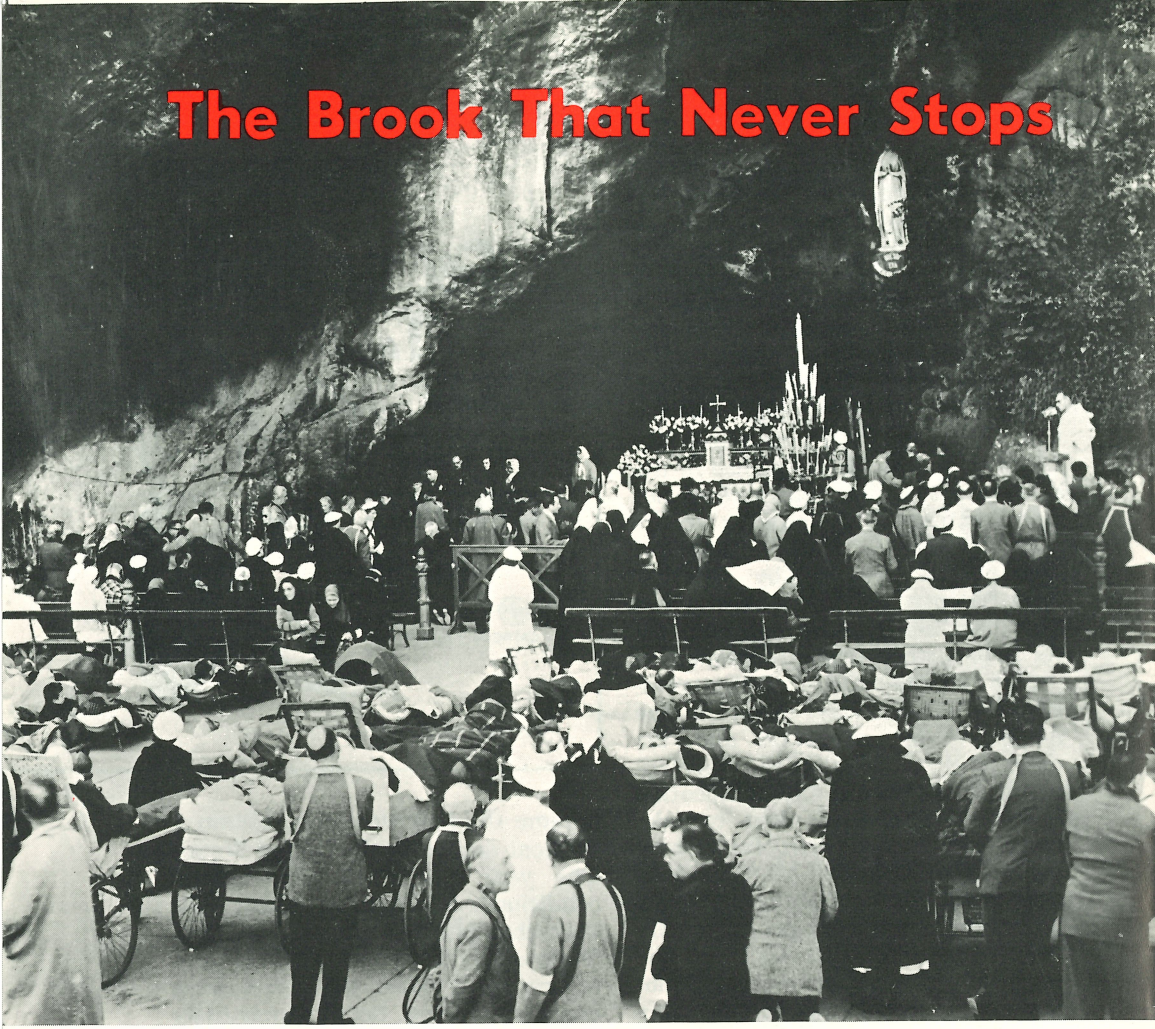
Few people realize what a combination of historical events in the fields of the education and the emancipation of women, developments in medicine, communication between nations etc. had to take place before this Instruction which meant so much for Medical Missions could be proclaimed. A society of religious women professionally trained in medicine, such as the Medical Mission Sisters, could not have come into being, or existed in the 17th century. First, because there were practically no educational facilities for women and the ones that did exist were at too low a level for them to be able to grasp the needed scientific truths. Then too, women were entirely excluded from educational institutions for men, including medical schools.

With the coming of the "machine age" or the industrial revolution, which began about 1800 woman's emancipation and education advanced more than it had for centuries. The fight for women's rights also gave women more freedom in social affairs. It is only a little more than 100 years ago that Emily Blackwell, broke through the barriers of the medical profession and became the first woman to obtain a medical degree in the United States. The year was 1849. Educational conditions for women today are such that she can pursue any profession, including the medical profession. And when the doors were open to women doctors, naturally religious women were anxious to use the profession, for the sick and the poor in the missions. It seems as if Our Lady made it possible since the great privilege that mission Sisters could practice medicine in its full scope came on her feast.

Our Holy Father in his letter on the Lourdes celebration, expressed the hope that as Mary's appearance in France a century ago is recalled anew, all may sing a "magnificat of gratitude". Surely the voices of the thousands of mothers and babies who have been helped and healed by Sister-doctors in the missions will resound loud and strong in joining the chorus of all Christendom in proclaiming their gratitude to Our Lady for all her favors.



The Brook That Never Stops



*Agnes Keyes**

AT 11:40 A.M. we drew into Lourdes. As soon as I reached the hotel I went out of it, down to the Grotto to pay my respect. There was scarcely anyone there. Some pious pilgrims were trying to put up their own candles in the Grotto,—very little candles in very big holes. It didn't work of course, and presently the old sacristan came along and grabbed them all and laid them down to burn out their lives together in a bouquet of flame,—remember Huysmans? The statue of Our Lady in the Grotto is very heavy and to me uninspiring, but it is so much better than any copy of it that I have ever seen! After a prayer I went through the Grotto, and came out at the robriets and took some water in my hand to drink. Everyone carried a little tin cup hitched to his or her belt. I got one after that.

It then began to pour—raining torrents. I put on my big rubbers, hoisted my umbrella and went out at 4:30 for Benediction. Do you think these people minded the rain? Not a bit! There in the great open space before the Church were the sick, in little carts,—or out flat on wheeled stretchers, like operating tables, a double row of them all about the square. There are little hoods to the carts and stretchers.

* Taken from a letter written in 1928.

The procession started, young girls in white veils and blue cloaks, and then a mixed crowd, and priests, and finally the canopy and one carrying the Blessed Sacrament. The rain poured down — thunder crashed, and lightning blazed — it was just a little less than our storms at Château Neuf. Vestments and all must have been soaked. The prayers were in English, and later repeated in French. Slowly the Lord went around, giving individual Benediction at each litter, while the people prayed aloud. As He passed we knelt in the mud. It didn't matter.

August 8th. This morning I got to the Grotto at around 8:00. They were taking away the sick, rolling them past. Some were left nearby, the stretcher cases, and breakfast given them there. The next Mass was said by a Bishop—they always say the Mass of the Apparition, February 11th in the Missal. Communion was given all through the Mass. No place to sit or kneel of course, except in the mud of the pavement, but we stood. For breakfast I decided to go to the Little Flower Shop nearby, where I had made friends the day before. Here I met two English priests from Birmmingham, England and Oxford is in their diocese. They had brought about 70 sick. They told me there would be a High Mass for the English pilgrims in the Basilica at 10:15, so I went looking for it. I didn't know which Basilica was meant, but found both of them filled to overflowing. People everywhere and yet Mme. Abbadie says it is nothing at all, compared to the national pilgrimage.

Another heavy rest after lunch, and then out to Benediction again. The sun was shining and the whole esplanade, again, full of people! Hundreds of sick laid out, and the crowd behind, always praying. The procession seemed miles long. The invocations were called out in French, then in English, then in Dutch I think, then Italian. They simply tear the heart out of you! —"Lord that I may see! Lord that I may hear! Lord that I may walk! Lord, he whom Thou lovest is sick! Lord if Thou wilt, Thou canst make me whole! Speak only Lord and I shall be healed!"

August 9th. The next morning, Wednesday, I was up betimes and got to the Grotto about 7:30. The sick were all there before me, ranged out in their little wagons. Before 8:00 I moved over to the Piscines (baths) nearby. A lady spoke to me in French. She then let me in to the enclosure and I was told to sit on a bench near the door. Presently, many people were let in, and the six benches were filled, then the sick were brought in—in rolling chairs and stretchers. We all undressed. A lady in charge was saying the rosary aloud, and directing things—two others were bending over a poor sick woman and getting her ready. I was the second one ready to go in. They opened the three steps down into it. On both sides were places for the two assistants to go down steps too, but into a dry space beside the tub. Each of these two had hold of an end of the wet bath chemise, and the head assistant stood beside me to lift off my own chemise as the others wrapped the wet one around me. It was skillfully done and quickly. *"Descendez une marche, et dites votre acte de contrition".* On that first step I was clothed. I was in the water with a strong assistant on each side holding me by the arms. *"Embrassez la statue de Notre Dame de Lourdes".* A tiny cheap little plaster thing at the far end of the bath. *"Asseyez-vous"* and down I went in the wonderful cold clean water — *"Levez-vous!"* Two

strong arms on either side helped me to my feet. There the head assistant stood to slip my slip over my head as the other two undid two bits of tape, and the wet chemise fell back into the water. I was vaguely conscious of prayers going on around me all this time, but I was too busy trying to hurry through it right to hear much. *"Ste Bernadette, priez pour nous!"* That was the last one. And out I went to struggle back into my clothes.

The sick woman in our midst was ready. She was lifted on to a small portable stretcher of wide webbing, on a light frame. The curtains opened and closed as she was carried through. There was a great splash, a muffled gasp, and the curtains opened again. We eight shrank back upon our chairs as the strong women carried the stretcher up again between us and laid the woman again upon the big thing she had been carried in on. They all prayed as they leaned over her to remove her wet coverings and dress her again. From the bath next to ours came a low cry of pain as another sick person was plunged in. It was all quickly over, and it does not sound devotional, but somehow it was, to me, deeply so. I went out, and back to the Grotto for Mass and Communion. I did not feel wet, but delightfully cool and well all over. For the next two days I was practically never off my feet, and I never felt tired.

Thursday morning, of my last day, after an early Mass at the Grotto and breakfast as usual at the Little Flower Shop, I went to a High Mass for the French—Feast of the Curé d'Ars, so they were all happy. Again a good plain chant Mass sung by the Congregation, it is glorious this international attempt to get the people to take their proper part.

My train pulled out at 9:58 P.M. and drew alongside the Gave River for quite a way. The Basilica stood up high, bathed in the great arc lights that play upon it. Below, I could clearly see the Grotto with its candles and the dim white Virgin above. I watched through my window until we rounded a curve and nothing was left but blackness. Then I went back into my little stateroom—and wept.

Lourdes is an extraordinary place, throbbing with Faith, and suffering, and charity. You feel that the great work of the place is prayer, and kindness towards the sick. They are always being fussed over; women pass among them giving them water; men and boys are always about to drag them hither and yon and always, everybody is praying. No one seems to be thinking of himself. I watched one lovely lady at the outer door of the piscines (baths), as she moved about regulating traffic there, bending over the children, smiling at the old women, showing where the sick were to go. Her face was simply transfigured! Later I met her in the square and spoke to her, and she was most gracious in speaking to me. But the glory had all gone away from her. She was just a charming lady, that's all; I was not a sufferer!

At Lourdes you feel just a great power of prayer. You have to pray yourself, all day long; you have to be part of it, and do your tiny bit to help, though you are not quite sure what it is that you are helping, a sort of spiritual force that is there. Every morning from six o'clock on, perhaps earlier, there was a rush of footsteps down the street as everybody in town went to Mass. It was like a constant brook that never stopped. And when I came away I felt a terrible loneliness for it all.

Women in Medicine

Sister M. Cuthbert

Agnes McLaren, M.D., Scottish convert and missionary. Five times to Rome.

SHE was young, she was very beautiful and she seemed to be in a hurry. Far from discouraging her the four days' journey into the rough hill country seemed only to whet her appetite for the enterprise. "Shalom!" Her cheerful greeting raised an echo of joy in Elizabeth's heart as she felt her precious burden stir within her. Rightly so, for the girl summed up in her person all the natural genius for nourishing and fostering human life which is God's good gift to womankind.

Christian women through the ages have followed the example of the delightfully practical Mother of God. They have expressed their charity in caring for the sick, the newborn, the dying and those who are giving birth. They have put all their intelligence and skill into the work. Still fresh in Christian memory are the names of St. Theodosia, martyred in 300 A.D., of Olympia and Macrina, friends of St. Chrysostom, of Fabiola and St. Paula, hymned by St. Jerome, of St. Hilda of Whitby in the chronicles of St. Bede, of St. Hildegard of Bingen, a physician, who lives in her own writings.

Several prominent Christian women founded mediaeval medical schools where both men and women could find systematic training in medical work. In this the Christians were not alone. The great Moslem medical school at Baghdad which exercised a lasting influence on Eastern medicine also accepted women students.

The old religious orders had their own traditional treasures of medical lore and behind the Crusaders there formed an army of hospitallers, both men and women, under vows of religion. Lay-women also seemed to find a natural field for practical good works in care of the sick. When the College of Physicians was founded in London in 1511, 66 women were licensed, more than half of them for surgery.

Mother Anna Dengel, M.D., Pioneer, Foundress of the First Religious Community for Medical Missions.

This changed at the time of the Protestant Reformation. In England the Guild of Surgeons formed under Henry VIII deliberately excluded women from practice.

From this time onward the education of women declined sharply in Europe. There was little opportunity for medical practice, for women did not even have the opportunity to procure the general background of a liberal education needed to begin medical studies.

When the Church's need for Sisters to practice medicine in the foreign mission field was first realized the outlook was still bleak. At the end of the eighteenth century liberal education for girls had come back into vogue in the wake of "liberty, equality and fraternity". But medicine had become a highly specialized occupation from which women were very definitely excluded. Public opinion reinforced the barrier with formidable weight.

Laywomen had to break through the barrier and make the medical profession "respectable" for women before the Church could dream of opening it to Sisters.

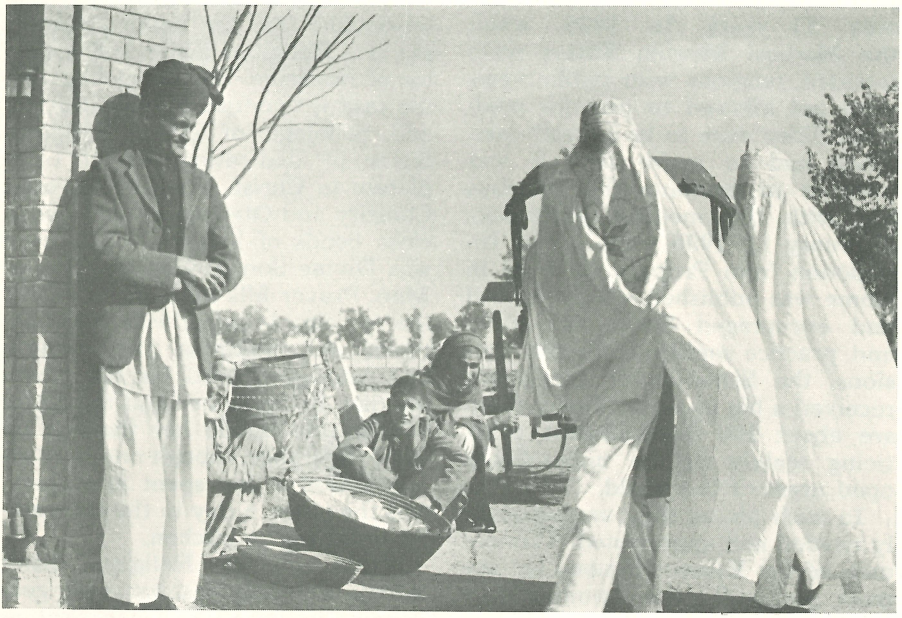
The names of the pioneers are legendary now. In the English speaking world Dr. "James" Barry, Doctors Elizabeth and Emily Blackwell, Dr. Lydia Folger Fowler, Dr. Sophia Jex-Blake, and Dr. Elizabeth Garrett Anderson are some of the best known. These were not teenagers sowing their wild oats. They were mature women, some of them married and mothers of families, most of them deeply religious, all of them moved by the social problem of their times and the needs of the poor. They simply could not understand why it should be thought unfeminine and immodest for women to learn scientific ways of helping one another in childbirth and sickness.

As women gradually found their way back into the medical field, it was natural that some should answer the desperately urgent call for women doctors in the missions and

particularly in India. Dr. Clara Swain of New York, a graduate of Woman's Medical College of Philadelphia was the first woman medical missionary to go to the East in 1869. Others soon followed and medical centers sprang up in Allahabad, Calcutta, Lucknow, Rajamundry, Bareilly, Mandras, Poona. They were courageous women doctors who undertook this work. They faced terrible loneliness and physical hardship. Some died of cholera and malaria. To relieve the pressure and extend their field of influence they founded as soon as possible schools where Indian women could study medicine themselves. But not one of these missionaries and not one of these schools was Catholic, when energetic, though elderly Dr. Agnes McLaren, a Scottish woman, turned her mind to the problem in 1905.

Herself a convert, Dr. McLaren soon found out that Religious including Sisters were forbidden to study medicine and practice surgery or obstetrics. Five times she went to Rome to ask permission for Sisters to study medicine for missionary work, especially among the Moslem women who could not be treated by men doctors. She received no answer. She looked for Catholic lay women to go out as doctors as the Protestant women did.

Dr. McLaren wasted no time. Tirelessly she travelled, observed, recorded and talked and prayed. She died too soon to see the fruit of the work she began, but the first young woman to be trained under her scheme and carry out her ideals was Anna Dengel, later foundress of the Medical Mission Sisters. The culmination of their efforts came on the Feast of Our Lady of Lourdes in 1936 when Rome gave approval to medical mission work by Sisters.



Veiled Muslim women entering Holy Family Hospital, Rawalpindi, Pakistan. They prefer women doctors.

Medical Mission Sisters are professionally trained. Mother M. Benedict, M.D., Fellow of the International College of Surgeons, operating in Pakistan village.

THE ROLE OF A SISTER DOCTOR

F. W.

THE ROLE of Sister-doctor is one which dates back at most 32 years or if you wish to be technical only 21 years. In 1925, when the Medical Mission Sisters were founded, religious with public vows were not allowed to practice medicine. They were to be a "test" case. They had to prove that it was possible to combine the religious life with the medical profession. February 11, 1936 when a new Instruction from Propaganda Fide in Rome was published which allowed and encouraged Sisters to study and practice medicine for the missions, the Sister-doctor movement received a big impetus. Today there are about 100 Sister-doctors practicing mainly in the under-developed areas of the world.

In such places they are especially needed and appreciated. The women of the Eastern nations for the most part still prefer women doctors, and while some countries have a corps of their own women doctors albeit a small one, others have none.

Just what is the task of the Sister-doctor? As her name connotes she is a Religious Sister and a doctor of medicine. For her personally, the task is two-fold. She has the joy and privilege of every Religious Sister of dedicating herself completely to Christ. Vows of Poverty, Chastity and Obedience, bind her in close bonds of love with Him who was Divine Son of God and Son of Man. Prayer fills the early hours of the morning bringing with it the patience and kindness, the strength and courage needed for the dawning day. Between her and the Sister who kneels beside her there is no basic difference, though one may offer to God a day spent in surgery, and the other, a day in the laboratory, or office, or kitchen.

Years ago, the Religious Sister in true womanly fashion, with gentleness, kindness and such skill as she possessed cared for the sick. In

this modern era, of miracle drugs and amazing surgical procedures, the healer of the sick must be professionally trained so as to be able to give her patients the best of care. So, today, the Religious Sister studies medicine in all its branches; she devotes the years following graduation from medical school, to perfecting herself in surgery or obstetrics. Consequently, when she is placed in her field of work she is as competent, assured, and able, as her secular confreres in the medical profession.

Since her field of labor is to be in one of the underdeveloped countries of the globe, problems present themselves which are unknown to her classmates who practice in Europe or the United States. It is hard to believe unless one has seen it just how much poverty still exists in these areas.

While we have an average expectancy of life of about 68 years —the 500 million people of South Asia have an average of only 25 to 35 years. In this region there are places where 3 out of every 10 babies born die in the first few weeks and about half the children die before they are 15 years old.

Many diseases which were simply names and pictures in the medical text books become deadly realities in acutely ill patients. The specific problems confronting an individual Sister-doctor will vary depending on whether she is located in an urban or rural area. In some places her work will be largely maternity, in others her task will be that of a surgeon. Again her day may be filled with dispensary calls and her energies bent toward public health work.

The problems of obtaining modern up-to-date equipment for her hospital are many. It is somewhat axiomatic that "if you have the money, you can buy and get anything" . . . though it may take a long time to come. The Sister-doctor's hospital is usually poor and often located in the low-economic area. Sufficient auxiliary medical and nursing staff and technicians are difficult to obtain more especially if the institution is located in a rural area where the salary is inevitably small, accommodations very simple and social life lacking. The absence of a confrere to consult in difficult cases can be a real hardship.

Climate is the source of various problems. There is the enervating effect of heat night and day; the de-

Sr. M. Francis, M.D. (left) and Sr. M. Barbara, M.D. use their talents to save the life of this Indian boy who came to Holy Family Hospital, Mandar, India in an unconscious state.

pressing effect of a long rainy season, and the irritation of innumerable insects. The task of keeping equipment in good condition is a real one. In some places rusting is the problem—needles, surgical instruments get full of rust—plastics loose their life, mold attracts the microscope lenses. Excessive dryness or, equally bad, high humidity plague the staff. Each must be solved locally. One big challenge in some places is that of providing up-to-the-minute medical care which is, by its very nature expensive, to a community which has a low income and where the majority of patients though needing costly drugs live only at a subsistence level.

Sister-doctors find themselves in the position of being "All things to all men." The wee small hours of the morning are often spent in ushering a new tiny life into the world. Time passes swiftly while the struggle to prevent the little one from slipping into eternity goes on. The sun, rising on a hard-won victory finds the Sister-doctor still busy. It shines into a spotless surgery where the brillance of its light is dimmed by man-made electrical bulbs while she operates to relieve pain and restore health and well-being. Other hours find her patiently, tirelessly, helping the sick who throng the dispensary. The evening shadows lengthen while she works in the ward. There is the man whose fever won't respond to the anti-malarials, in whose blood the parasites defy her careful prescriptions. There is the woman who lies limp and listless, scarcely breathing but who still clings to life because the doctor has started a blood transfusion. There is the child fretful, and crying, that vomits whatever he takes because his little abdomen is big with a liver that is diseased. One by one she sees them again, as the day ends.

The heat, the drone of insects, fatigue have made demands on her physical strength but her heart is happy in the knowledge of a task well done, a day well spent. Some will be grateful for her smile, for the hours of vigilant care; others will be thoughtless and forget in their hour of restored vigor. Some will appreciate the thought and skill that made them well, and will realize the monetary cost that was borne by the Sisters so they could have the medicines essential in an hour of need. While one may kiss her hands which were dexterous and gentle, another may revile her for a fancied wrong. Through it all, through praise and blame she must keep her eyes fixed only on one goal. Here is her role—the sublime task of following closely in the steps of Him who is the Divine Physician and Healer.

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Recollections of a Sister Doctor

The author, Sr. M. Elise, M.D. (right) assisted by Sr. M. William, R.N. and a Pakistani nurse, gives an injection to a very sick Muslim patient. Holy Family Hospital, Rawalpindi, W. Pakistan.

Dear Sister Editor:

I've been suspecting it for some time, but now I know for sure; I'm getting old! You are asking me for my reminiscences . . . almost as bad as my memoirs. It doesn't seem possible that I have been a doctor in the missions for sixteen years. I can remember so clearly that wintry day in San Francisco, when one of the Sisters at St. Mary's Hospital asked me: "Do you really want to go to India?" This was on the day we sailed, the two of us Sister-doctors on our first assignment to the missions. "Listen", I said, "I've been getting ready for this moment for thirty years, and I can hardly wait!" Later on I overheard her telling another Sister: "I thought she'd jump out of the window!"

My introduction to the work was an easy one. Our first hospital, old Holy Family, erected in 1927 in Rawalpindi, Pakistan, was a small and intimate sort of place, with a busy in and out-patient department, mostly women and children. There was always someone to run to, and say: "I've just admitted a woman with a bad appendix, but she won't be operated on, because this is an unlucky day. *Now* what do I do?" There was time to study Urdu, the language of the Punjab, with its fancy script and many gutturals. Twice a week we would take our bicycles and go to the poor dispensary, where I learned a whole set of new skin diseases that aren't in the books yet. Gradually I was made to stand on my own feet in the operating room. Hysterectomies, gallbladders, appendectomies, hernies, none seemed so hard when there was an older and wiser Sister-doctor to turn to. Sister Alma Lal-

Sr. M. Alma Lalinsky, M.D., first Sister to study medicine (as a Sister), operating at Holy Family Hospital, New Delhi, India. Sr. M. Alma has performed many operations in her 19 years in India and Pakistan.

insky, M.D., was our pioneer, and I am not likely to forget how much I owe her.

Then came my transfer to Patna, in the heart of India, the province on Bihar. That's when I went through that sink-or-swim period of being the only doctor in the only mission hospital in the diocese. That first cholera epidemic! Ten, fifteen, twenty patients a day, into a 100 bed hospital, all of them gasping their last, all of them in desperate need of salt solution intravenously. We'd pull the needle out of one arm, change it, and plunge the set into the next patient; no time to sterilize in between. We'd run out of sterile saline, boil up some water, throw in a handful of salt, and shoot that into patients. We'd have people filling up the wards, spilling over on to the verandahs, getting treated under the banya tree in the yard . . . or under an umbrella, when there were no other shady spots left. But I soon learned that the human body is tough. So long as it gets the essentials, the trimmings do not matter much. Most of these cholera patients *walked* out a week after admission. After a few seasons we learned to prepare for these epidemics. Our buildings were small and crowded, but people got well just the same.

Soon surgery became our main specialty, apart from the maternity work, which flourishes wherever we are. Women came from villages all around us, to have their tumors removed and their repair work done. The Biharis are slight and delicate, and childbirth often causes serious damage. My first transplantation of ureters was done before the days of antibiotics. Poor sixteen-year-old Ram Sakhi had a hard time, but she made it. For her it was like starting life all over again. My first patient with a ruptured uterus did not do so well, but she had been through an eight-hour journey on a bullock cart. Internal bleeding does not take kindly to such treatment.

Time flies, when you have rounds on about a hundred patients plus out-patient department in the morning, and operate every afternoon.

Days and months blur into each other, but a few occasions do stand out . . . like the time we admitted about eighty women and children who had been wounded in a riot. They were brought in by Army trucks, three days after they had been attacked, still in their filthy clothes and bloody first-aid bandages. We didn't get to bed till after midnight, but by that time they were all in clean hospital pajamas, their wounds had been dressed, and they were warm and fed and comfortable. The next day there was a great hair-washing party, and by the time they had helped delousing each other, they were quite settled down. It took us a week to clean up their cuts sufficiently so that they could be sutured. Many of the wounds had been made with axes and hoes rather than with knives. We fixed up two extra tables in the operating room, and the three of us, our two interns and myself, set to work. In 3 days we had all of them closed up, and nearly all of them healed well. It was amazing to see how resiliently these simple village women recovered from their blows. Gradually the families were reunited and resettled on farms. After a month the worst of the scramble was over, and we had room again for our everyday patients.

After ten years in Patna I had a short breathing spell in Europe and the United States, and then was transferred to our mission in Rawalpindi again. This time I landed in our large, new hospital on the outskirts of the town. It has been fascinating to take part in the rebuilding of this institution. Partition between India and Pakistan had taken the largest part of our patients, the Sikhs and Mindus, away from us. Muslim women had always been reluctant to come to hospitals, so it was not surprising that the number of confinements had dropped from 1,000 to 250 a year. But it is back up again to 750, and still rising. In fact, this 200 bed hospital that seemed so huge ten years ago, has been shrinking steadily lately. Here, too, surgery is in great demand. This area is part of the "Great Stone Belt" and the rocks we take out of people's gallbladders and kidneys make quite a collection. Many women are "purdah-nashin", born and raised in strict seclusion, heavily veiled whenever they appear in public. Even our men-servants cannot go into their rooms, and trays are whisked in and out the door by veiled servant women, looking like pictures out of Arabian Nights. These ladies really appreciate women-doctors!

Will I ever forget the winter we had one head injury after another admitted, mostly children? For weeks I had nightmares, picking bits of bone out of babies' brains... I still shutter when I think of it. How they all managed to get well is one of those miracles of God's goodness. He is well used to making up for our deficiencies. Several of these children still come to wish us a Happy Christmas, and their mothers proudly will take off the caps, lift the hair, and show the scar to all and sundry. Little Shenaz was the worst of all. The defect in her skull measured three inches across, and she remained unconscious for two weeks. She has a slight weakness of one leg, but her brains are as good as ever. Fatma and her burns will be a living example. Ten skin grafts, and she is back in school.

Now I ask you, where in the world would one doctor see so many interesting patients in such a short time, except in the missions? No, I'm not ready to retire yet. Far from it!

Yours for another 16 years,

Adele Else Wynn, SCMS '39

SISTER SURGEON IN A VILLAGE HOSPITAL

by Sr. M. Frederic, M.D.

Oraon mother and baby . . . walked days to get to the hospital.

HOLY FAMILY HOSPITAL, Mandar is a village hospital operated by our Society in the north of India. A village hospital is *sui generis*. It is alone. It has to be good. Even though it cannot be a university medical center, it is well that its staff has medical center training and is prepared to bring the advantages of the best in modern medicine and surgery to the villagers themselves and to the young men and women who come here for training.

Holy Family Hospital, Mandar, is situated on a paved road, 17 miles from the town of Ranchi (pop. 100,000). Mandar itself is a very small village with a church, school, police station and a block development unit of the National Extension Program (dedicated to village uplift.) All around are rice fields, as far as the eye can see, dotted here and there by villages like Mandar.

The Hospital is on a plot of about 30 acres and consists of several separate ward buildings, including the unfinished general ward unit due to have its grand opening on the feast of the Holy Family 1958, a nurses home and a convent. The rest of the land is given over to the "farm"—orchards with all the fruit trees capable of growing in this climate (at this writing the peach trees are in bloom), a veg-

etable garden, loads of flowers, and the barnyard with the cows, buffaloes, pigs and poultry. Sometimes I am a "vet" too. Once I operated on a crop-bound turkey—all medical treatment had failed, so I followed the book while Sr. Dennis gave local anesthesia.

Sometimes we're operating to the mooing of our cows outside the operating rooms, but more often to the tune of the village drums in the distance or songs of a dissonant tune, the tunes of the Oraons, one of the 5 tribes of the great Chotanagpur plateau. Mandar is in the heart of Chotanagpur, one of the two really Catholic centers of India. Although some of our nurses come from Malabar, the oldest Catholic area in India, more than half come from tribal villages like those around us. The training of these young women is part of our contribution to the economy and uplift of this area—a much desired part in the educational program of India.

What is it like to be Sister-surgeon in a village hospital? It is first of all to be both general practitioner and surgeon, and by force, one's own consultant in medical, pediatric and obstetrical problems as well. It is also to be a teacher to the student nurses, interns and patients and their *sathis* (relatives). It is sometimes a frightening responsibility and always a wonderful experience, both in medicine and humanity.

Our day begins with ward rounds, followed by operations and general dispensary—no such thing as specialty clinics in this neck of the woods. Dispensary is done by whichever doctor is not in the operating room or between operations. Our patients come from the nearby villages and from all parts of Ranchi mission, sent either by the Fathers or Protestant missionaries, or coming on their own. Sometimes the patients are the missionaries themselves, a privileged and vital part of our apostolate. Other patients come from as far as 400 miles away, having "heard the name" of the hospital. Some of these have walked many miles and traveled many days to get to out-of-the-way Mandar. Emergencies may come by truck, rickshaw, car, or carried in a

Holy Family Hospital located in the village of Mandar, 17 miles from the nearest town.

Cholera patient transported from his home on his native string bed. Oraon nurse assisting him.

string bed suspended on poles, or even in a basket.

Looking through our operating room record book is like looking at the index of a general surgery technique book with a few of the specialties thrown in for good measure. Except in the very hot weather when most of our patients are medical, our average census is 50 to 60% surgical. This of course varies. Cold weather is elective surgery time. Our schedule in the past three weeks has included 3 gastrectomies, 2 cholecystectomies, about 5 hysterectomies, 2 prostatectomies, a thyroidectomy, the reduction of two dislocated hips, several fractures, quite a few hernias, hydroceles and appendectomies, a splenectomy, cystotomy for stone, a cleft palate repair, two anoplasties for congenital stenosis, a meningocele operation, to mention those that stand out in my mind at the moment. There are the D. & C's, colpotomies and other minor procedures as well. For anesthesia we have two standbys — spinal Nupercaine and drop ether and oxygen. A gas machine is in the dream book.

Diagnosis is sometimes a bit difficult in the absence of an X-ray on the premises but we have real hopes in that direction too. We have the blessing of a good laboratory, housed in an impossibly small room, and an on-call walking blood bank in Ranchi at the seminary, college and blind school. And we are fortunate in having a good pathologist in Delhi to whom we can send our specimens for microscopic sections. Right now we are awaiting the report on a very interesting retroperitoneal teratoma we removed from a 7 months old baby. When you get something like that, that has only been reported about 55 times in the world literature, you get a bit of a surgical thrill, especially in such a small village hospital.

We do have the set-up for a good internship and first year surgical residency program for the Indian doctors who come to work here. At present, Sr. Rupert, M.D., and I have two Indian doctors working along with us. It is fun to see them do well and to assist them in their "first operations", sweating it out like my own residency in surgery not too many years ago. Sometimes, too, our operating room is open to outside graduate nurses who want to see "how it is done" here, or to get a little extra experience before taking an examination for theatre nursing, as they say a la the English. They usually marvel at the amount our student nurses do, and do well at that.

A village hospital can be a harrowing experience at times, but it always brings joy—the real joy of an opportunity to do a needed work for Him and His poor ones, and to bring Him in some way to them.

Tonics and Sedatives in The Orient

Sr. M. Christine, M.D.

EARLY in the morning I try to go to the office to sign the letters, insurance forms, and reports that the secretary has typed out the day before. This usually turns out to be an adventure, and often I never reach the office because of all the diversions along the way. First I must thread my way through the army of sweepers who are cleaning the front hall. They work in a squatting position and progress backwards. On the way, I meet the husband of a patient, I have seen the previous evening. He has one child in his arms, leads another by the hand, and a third tags along, holding to his "longi" (wrap-around skirt worn by men).

"And whose children are these?" I ask by way of conversation.

"Mine", he replies.

"But how can that be? Just last night you brought your wife to see me because you have 'no children'."

HE shrugs his shoulders, "But these are all girls." That was indeed enlightening. It also radically

Sr. M. Christine, M.D. encouraging a Bengali patient, ward rounds, Holy Family Hospital, Dacca, East Pakistan.

changed my plans for the treatment of his wife.

BY this time, morning rounds in the ward are due to begin. Women's ward first. There is always a whole line of pale, peaked faces, ravaged by malnutrition and anemia. Repeated attacks of kalaazar and malaria are responsible for the present state of most of them. The Sister-nurse in charge gives me a summary of the notable changes—this one has fever, another didn't sleep, and so forth. Then we visit each patient to receive a blow by blow description of her complaints. The patients borrow symptoms from one another quite shamelessly, so it is not unusual to have an epidemic of pain in the right knee, or itching at the top of the head. The patient with severe diabetes can't understand all the interest in sugar. She has a mild skin rash which is her chief concern. We try to explain the nature of her disease, how she must take an injection every day. "But how many injections must I take to be cured?" It is not a matter of cure, but of control. "Oh, but you are an American doctor. There are many wonderful things in America. Surely you can cure my disease."

THEN we come to the smiling face of a young Mohammedan girl, scarcely more than a child. She is happy now with her beautiful first-born son. Several days before she had been brought to us accompanied by two, old, toothless dhais (native midwives). Both repeated over and over—"Doctor, memsahib, the baby's been coming for three days and we haven't seen him yet."

NEEDLESS to say, that was all we needed, to take Kamla right to the operating room so that little Abdul would become a living reality.

NEXT, to children's ward. Rhada too, is smiling this morning. For three years before coming to the hospital she had had an ugly osteomyelitis of her right tibia. She had been a veritable outcast in her bari (home), because of the stench from her leg. She had been to doctor after doctor and the answer was always the same — "amputate the leg." Finally, she came to our hospital. Rhada is all smiles this morning, because a few days ago, she walked for the first time without her crutches.

ASHA RANI, the little girl who had her stomach washed out because she drank some kerosene, sticks out her under lip and turns her face to the wall. Evidently I have not been forgiven. Chewing zealously on a talcum tin, the baby with the hare lip chuckles contentedly as I try to inspect his stitches. Abdul with the club foot waves his plaster cast at me. He hasn't found

a way to get out of it yet, but he intends to keep trying. Sister tells me that four-pound Pakhi has gained another two ounces. She was not a "premie", strictly speaking, but a month old neglected child. Her twin was a boy, and it was quite evident which one had his fill of milk, and which one got what was left.

NOW for the O.R. Such surgical cases as abdominal, plastic and bone surgery, and those resulting from obstetrical complications make up our daily operating room schedule. This morning's program for me reads:

1. Caesarean Section.
2. Transplantation of ureter.
3. Repair of hernia.

Afternoon, is the time for dispensary.

TODAY, the following incident occurred: Ram Chandra handed me a letter which stated his wife had been advised by a doctor to have an operation. When I inquired if this had been performed, he replied, "no, she died." "Then this is your second wife?" "No."

Finally it came out that the *doctor* who gave the advice was the one who died.

SO the afternoon goes with the parade of human woes, great and small. As the day turns to night the nurse gives me the welcome news that the patients are *shesh* (finished).

Sr. M. Christine, M.D. is a native of Louisville, Ky., graduate of Georgetown Medical School, now in Holy Family Hospital, Dacca, E. Pakistan.

Veteran Sr. M. Elise, M.D. claims Holland as her birthplace; M.D. from Woman's Medical College, Philadelphia, Pa., presently medical administrator, Holy Family Hospital, Rawalpindi, Pakistan.

Sr. M. Frederic, M.D. hails from Brooklyn, N.Y.; received her Masters in Surgery degree from Georgetown Medical School, now in Holy Family Hospital, Mandar, India.

Sr. M. Francis, Ph.D., M.D. is from the windy city of Chicago, Ill. Received her M.D. from Woman's Medical College, Phila., Pa.; her Ph.D. in organic chemistry from University of Minnesota.

Sister Doctor on an Island

Sister M. Francis, M.D.

Sr. M. Francis, M.D. tends to baby sick with menigitis.

In 1954, our Society opened a new hospital on an island peninsula in the far south of India, near the tip of the country. Here I have been medical director for the last three years. The Archbishop Attipetty Jubilee Memorial Hospital is situated in the little village of Thuruthipuram in the famous beautiful coastal area of the western shore of South India. The graceful coconut palms cover the land mile after mile. Thuruthipuram has a tropical climate since it is not far from the Equator. We say we have three seasons, hot, hotter, and hottest. At certain times during the year we have no rain and the ground, and people, literally pant for water. All conversation contains a remark about how soon the monsoon will come. The twelve-foot well which supplies us with water gets shallower and shallower, until the bucket stands with the rim out of the water. The pump will no longer raise the water to the tank on the roof. The water gets brackish, as the sea water comes in and mixes with the fresh water. At last it starts to rain. Then it seems to forget to stop. After about six weeks of a very heavy downpour, day and night, the canals and river overflow. There is the annual flood around us and the hospital becomes an island. The road in front of our gate becomes a waterway and large boats go back and forth. Patients come to the dispensary by boat, and some mornings when there are boats lined up inside our gate, with their paddlers sitting in them, idly talking, I can only think of a taxi-stand at home.

Thuruthipuram is in some ways very isolated. There is no way to go or come that one does not start the first phase of the journey in a boat. Last year, after a road was more-or-less finished we got our first bus service. Shortly after we arrived, the government's electric light line was extended down our peninsula. At first, since we were the ones who wanted the electricity, we had to make up a deficit in the amount subscribed. Now that elec-

tric light has been seen and consequently appreciated, there are enough subscribers so that we have to pay only for the current we actually use.

Sometimes the current will go off unexpectedly. It may be because of a local windstorm, or worse, because of one far up in the hills. The incident that I remember vividly is the afternoon when we were in surgery prepared to do a Cesarean Section. The patient was asleep and draped. The scrub-nurse was ready; my assistant and I were gowned and gloved. All of a sudden the lights went off. Our substitute lights are the ordinary kerosene lanterns or the Petromax, run on kerosene. The latter gives a bright light but one hesitates to bring it near ether. The problem solved itself ten minutes later when the current came back on. But all through the surgery was the thought in the back of my mind, could I complete the operation before the lights went off again?

Thuruthipuram has a very busy dispensary. As in the rest of India, asthma is common—T.B. infective, allergic. There is also a high incidence of diabetes. Most diabetic patients in India are difficult to treat as they tire quickly of the injections and as soon as they feel better, discontinue them.

Malaria is no problem here surprisingly enough, in spite of all the water and mosquitoes. The cases are usually those that come down from the hill districts. Filariasis, (elephantiasis), on the other hand is quite widespread. Leprosy is common throughout India, and here in the South many leprosy patients come to our dispensary for treatment. Some of them respond beautifully to diasone. Rabies is endemic here, and not uncommon. Although the villagers are aware of its seriousness and its cause, it is hard to get them to go for the Pasteur treatment. Typhoid patients are admitted to the hospital the year round.

Tuberculosis is a public health problem in Thuruthipuram. It is of major concern throughout the country. A poor man's disease, yet it takes a rich man's pocketbook to treat it.

These children and their parents had never seen a hospital, doctor, or Sister before. Many have tuberculosis.

"Give a little love to a child and you get a great deal back." (Ruskin)

The coastal area of Kerala is very densely populated. The people are engaged, for the most part, in fishing and coconut farming. The rate of pay is low. The diet consists of rice and vegetable curry, to which sometimes is added fish, (the poor villagers sell the fish) meat or eggs. Just how often a family can afford meat depends on their income. This is true among the Christians only, since the Hindus do not eat meat. When we first went to Thuruthipuram it was not unusual for a child to come running, with an egg to sell as the family needed some cash. After I started prescribing eggs in the diet for the T.B. patients, eggs became scarce and the price doubled.

Malnutrition, crowding and lack of medical facilities, have led to the high incidence of TB in this section. One of the particular services of this hospital and dispensary has been the treatment of these patients. The problem for the medical officer is complicated by the fact that until now the hospital has no X-ray apparatus of its own and reliance has to be placed on history, physical examination and laboratory studies. Those who can afford it are requested to get an X-ray. This means traveling 15 to 30 miles depending in which direction they go.

A prenatal clinic was started over a year and a half ago, and there is a good attendance. Most of the deliveries in the hospital are normal though we do have some requiring Cesarean Section. We read of home confinements where the husband is put to work boiling water. Our version reads a little differently. The gasolene stove, used to heat our sterilizer (army field type), was worn out in spite of all the efforts of the local blacksmith. The big new electrical sterilizer, ordered six months before, had still not arrived. So the husband was put to work in the sterilizing room pumping the stove continually to maintain the pressure needed to give a hot flame to sterilize the instruments and linens.

This, in brief, gives an idea of some of our work and problems. We treat all the disease found in our own country plus all those peculiar to the tropics and undeveloped areas.

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NEWS FROM OUR HOUSES...

INDIA

Light on the subject!

Well, the DVC (Damodar Valley Corp.) has come to Mandar—and we now have 24-hour electricity! and twice as bright as what we used to generate. It's WONDERFUL. You can't imagine how good it is when you get up to see a patient at night to be able to see what you're doing. instead of puttering around by kerosene lamp. September 2nd was the historic day our line was completed.

No x-ray?

One of the Fathers who has lived in the villages here has a dislocated shoulder. It took him about eleven hours from the time he fell off his motorcycle after swerving in the interest of a cow, to get here from the jungle. We got it back easily enough, but how I longed for an X-ray apparatus that night, as I

Sr. M. Antonia (Yonkers, N.Y.) teaching an African mother how to sew. Holy Family Hospital, Berekum, Ghana.

NEW STAFF FOR ST. VINCENT'S. On Jan. 1, 1958, Medical Mission Sisters took over the administration of St. Vincent's Hospital for Women and Children in Philadelphia, Pa. Above (left to right) First row: Sr. M. Liguori, R.T. X-ray; Sr. M. De Sales, Dietician; Sr. M. Phyllis, R.N.; Sr. M. Nivard. Back row: Sr. M. Helen, R.N., Superior; Sr. M. Jacob, R.N., Administrator; Sr. M. Anita, R.N.; Sr. M. Andrew and Sr. M Janet, R.N.

have, many another time. Ranchi's 17 miles sometimes seems very far away. And sometimes it is impossible for patients to go—they can't afford the film.

Sr. M. Frederic, M. D.
H. F. Hospital, Mandar

AFRICA

Solve The Mystery

After the first few miles of our lorry trip I suspected that the smell was coming from my neighbor's belongings. Despite the fact that she was a plesant, young woman, well dressed, affable, and evidently a *lady* (a title given ipso facto to any African girl who has gone to school) the odor seemed to come from the parcels under her feet. My suspicions were strengthened by the fact that she assured me *she* didn't smell anything! The malodor was pungent and penetrating and most certainly dead. Much stronger than the usual smell of dried fish which is often piled behind the coveted front seat of the lorry which seat we Sisters are always kindly invited to share.

Just after I sorrowfully decided she must have dead snails in her basket, I discovered the real cause . . . a big uncovered box of dead animal, directly behind our seat. It (they) had been chopped into pieces immediately after killing without being skinned. The chunks of meat and fur all piled together looked incongruous, yet they say that some villagers who are not too fastidious will buy and eat the skin also. From the legs and hoofs jutting out I decided they were either sheep or goats, and was speculating that it must have been dead many unrefrigerated hours, when the driver's mate, thinking I wanted to buy some, explained it was already sold. Happily, it was unloaded at the next stop, and I mentally apologized to my companion for my thoughts.

Sr. M. Raphael,
Berekum, Ghana

A Satisfied Patient

Here in Techiman, something is "popping" all the time, for there are always new patients, new cases, new experiences. Our Holy Family

hospital here has 20 beds for in-patients, and an out-patient department which, though small, sees about 60 patients daily during the middle of the week, and up to 300 on market days. Our patients come not only from Techiman and the surrounding villages but also from distances, so we have many tribes: Mosis, Degartes, Frafras etc. from the Northern Territories; Ashantis, Brongs, Fantis, Ga people etc. However, strictly speaking, Techiman is a Brong district.

Sometimes our 20 bed hospital often has more than 20 patients, so here, as elsewhere, the extras lie on their straw mats on the floor, and many of them prefer it there, for that is what they are used to in their own homes. One patient especially comes to my mind when I think of that. She was a darling little old lady, Afia Yeboah by name, and her family brought her in with the complaint "her head hurts". Examination revealed hypertension, and after much coaxing by Afia's family, she was finally induced to stay in the hospital as Doctor requested. That was fine . . . until Afia saw the high bed with the "buroni" (white) mattress. Why, she could not sleep there, it was too high—she might fall off! Besides, the floor was much cooler, and clutching her walking stick firmly, and shaking her head, Afia literally held her ground! That night, much to the disappointment of her people, she slept on the floor, and we expected that she would stay there until she left the hospital. But the next afternoon there was Afia comfortably enthroned in bed, smiling playfully at Sr. Marianne. All the other women in the ward had teased her so much about being afraid of the bed that Afia got right up and climbed into it! After that she liked it so much that she didn't want to go home.

Sr. M. Theodore

R.I.P.

Please pray for our benefactors recently deceased:

His Excellency Leo Kierkels, C.P.
Rome, Italy

Rev. John A. Wright
Bustleton, Pa.

Rev. Thomas Harron
Phila., Pa.

Sister Marie Kostka
Chestnut Hill, Pa.

Sister Marie Suzanne, M.M.S.
Lyons, France

Mr. James J. Cunningham
Phila., Pa. (Men of Med. Missions)

Miss Nellie Daly
Phila., Pa.

Mrs. Serafina D'Souza
Mangalore, India

Mr. Roy de Frehn
Phila., Pa.

Mrs. Clem Gallon
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Miss Amelia Giuseppe
St. Louis, Mo.

Mrs. Vincent Hayes
S. Norwalk, Conn.
(Mother of Sr. M. Vincentia, SCMM)

Mr. Andrew McGrattan
Flushing, N. Y.

Mrs. Dana Skinner
New York, N. Y.

The First Sister-Doctor in India

Sister M. Richard

A Sister-doctor's life is not her own. She consecrates it to Christ and spends it, minute by minute, in the days and nights of her service to the sick. A Sister-doctor's life belongs to the baby who was born at midnight, to the long line of patients waiting outside the dispensary door, to the women in the ward who complain of fever and pain, to the man with typhoid, the child with the abscessed eye.

FROM early morning, she is busy, listening to the tales of pain, examining, deciding what is best for each —all want nothing less, than perfect health regained. All year, no matter how long and hard she works, she is always behind. There is always one more report to write, one more patient than she can possibly see. There is ever the burden that rests upon her shoulders, the burden of precious lives, patients under her care, men, women and children for whose health she has assumed responsibility.

Mother Anna Dengel, M.D. (left) and Sister Mary of the Sacred Heart at a hospital convention in India.

THIS is a Sister-doctor's life in the missions; a life belonging to Christ and his suffering ones. This was the life of Sister Mary of the Sacred Heart. Mary Glowry, a native of Australia, was a doctor, a graduate of the University of Melbourne. She read a pamphlet written by the pioneer of Catholic medical mission work, Agnes McLaren, M.D. She decided to become a medical missionary. India was the field she chose, knowing the need there was for a woman doctor in a country of widespread illness; where women thought it against their custom to consult men. Madras became the scene of her labors when its Archbishop, in answer to her inquiries, cabled . . . "come."

MARY GLOWRY'S desire to serve the sick in the missions was strong; her desire to become a Religious was stronger. In God's Providence, it became possible to combine the two. Mary Glowry entered the Sisters of Jesus, Mary, and Joseph, a group of Dutch missionary Sisters who were then working in Madras. Only with special permission from Rome was it possible for her to practice medicine.

THE year was 1920 and Mary Glowry, now Sister Mary of the Sacred Heart, became the first

Sister-doctor in India. Often in the early days she compared notes with Mother Anna Dengel, M.D., then a lay doctor in the far north of India. Their friendship was to last for the 37 years that Sister Mary of the Sacred Heart spent in service of the sick in India.

THROUGH the years, Sister Mary of the Sacred Heart headed St. Joseph's Hospital in Guntur. Almost every year, she added more beds. Still, this Sister-doctor was always wanting to do so much more than she was doing. All of her care for the sick was so little in comparison to the amount she wished to do. Sister Mary was one of those Religious women, who just never acknowledged the fact that they have but two hands, that there is a limit to time and energy.

"YEARS ago, she once remarked, I felt an intense desire to multiply myself a thousand, no ten thousand times, and that longing grows more intense each day."

THIS desire together with her vision and experience brought her to a realization of the urgent necessity of establishing a Catholic Medical College in India. She argued that only when such a college was founded could there be some hope of adequately staffing and increasing the number of Indian Catholic Hospitals and of insuring the instruction and practice of Catholic principles in the medical and nursing professions. To help towards the realization of this dream, Sister Mary of the Sacred Heart with a few companions, Sisters like herself, engaged in the care of the sick, founded the Catholic Hospital Association of India in 1943. She saw this organization as a means to insure the practice of correct medical ethics in the Catholic hospitals of India and as a means to promote and finance the establishment of a Catholic medical college.

SISTER headed this organization and was responsible for its development. Ill health and the pressure of other duties forced her to resign its presidency in 1951. The Catholic Hospital Association continues today to be one of the strongest links uniting Catholic Medical Missionaries throughout India. It also gives assurance of the preservation of the proper professional code.

IN July of this year, the life of Sister Mary of the Sacred Heart was finally spent. It was completely used up in service. May she rest in peace.

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Street .....

City ..... *Zone*..... *State* .....

(**May be changed or discontinued at any time.*)

The life of a Medical Mission Sister is one of joyous, loving service to others. Service is the privilege for which she prepares in the simple tasks that are part of her religious training, as well as in the professional studies that shall come a little later.

Every opportunity to serve, is to her an opportunity to serve her Lord, Whom she sees and loves in everyone: in her Sisters here, in her patients everywhere.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... *Zone*..... *State* .....

MISSION NEEDS

BLANKETS

1,000 second hand blankets needed for Holy Family Hospital in the far north of West Pakistan, where the temperature goes down to 40 and below in the winter, and there is no central heating. The army gave the hospital their discards some years ago. These were mended and cut down but even with good care they are worn out now.

BOOKS

For Sisters, and nurses, and patients.
For all our missions

Chapel Supplies

Monstrance.
Altar linens for our mission chapels.

Icebox

For Kodarma Holy Family Hospital Kerosene variety.

Paper Cutter—small
Rubber Catheters

For Karachi Holy Family Hospital, sizes 12, 14, 16. — 2 dozen each — ea. 60¢

Typewriters

2 needed for 2 missions —ea. $150.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $.....*towards your mission needs in*.....

Name .....

Address .....

City..... *Zone*..... *State*.....

Virtue went out
from Him
and
He healed All+

R. I. P.

OBITUARY

What shall we say of dear departed "Bethany"? A noble house built for four, to a venerable age it sheltered *twenty-four!* After countless heroic years in the Lord's service, "Bethany" died — (There's tears in the telling of it) — a month ago, of plain old age, leaving twenty-four displaced novices. Though there will never be another "Bethany" — we hope! we appeal to you "our friends in need, and friends indeed", to help with your dollars to build a worthy substitute very soon.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my contribution $..... *towards helping the Sisters reach their destination — more housing.*

Name .....

Address .....

City ..... *Zone*..... *State*.....